## BEZI AVALLITE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

09/496231

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR		NUMBI	ER FILED	NUMBER E		RATE	FEE	1 1	RATE	FEE
BASIC FEE			. (i. i.			# 1 . W		OR		690.00
TO <sup>-</sup>	TAL CLAIMS	5	minus 20:	· 35	`	X\$ 9=		OR	X\$18=	630
INDEPENDENT CLAIMS			minus 3	- 2		X39=		OR	X78=	187
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	260
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	77/1/2
CLAIMS AS AMENDED - PART II									OTHER	
4		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR .	SMALL	ENTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	55	=	X\$ 9=		OR	X\$18=	
	Independent	* 2	Minus  ULTIPLE DEPE	*** 5	]=	X39=		OR	X78=	
	FINST PRESE	NIAHON OF IV	IOLITELE DEFE	NDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDII. FEE	· L		ADDII. FEE	
AMENDMENT B	7 7	CLAIMS		HIGHEST			ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus MULTIPLE DEPE	***	=	X39=		OR	X78=	
-	FIRST PRESE	NIATION OF N	OLIPLE DEPE	NDENT CLAIM		+130=	3	OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
·		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF N	MULTIPLE DEPE	NDENT CLAIM				Un		
	If the entry in eating	mn 1 is less than	the entry in column	n 2 write "O" in co	Jump 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										